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| FORMAL CASE MANAGEMENT NOTIFICATION | | |
| *This form is designed to notify the CSU of a recent incident/ action regarding a youth or family served through the EBA RSC Model, which doesn’t meet the criteria of a VA Department of Juvenile Justice Service Provider Incident definitions. As the service provider working with the youth and family and as a subcontractor of EBA, this information is intended to provide prompt communication, involve the supervising CSU staff in possible follow action needed and provide recommendations in advance of the routine monthly documentation.* | | |
| Youth INformation | | |
| Youth Name Youth Juvenile Number Date of Birth | | |
| **DSP Agency:** DSP Agency **Current Service Type:**  Current Service Type: | | |
| Location: Location: | | |
| **Type of Incident:**  **Type of Incident (i.e. self-harm, CPS complaint…**  Description of Incident and action taken: Description of Incident and action taken: | | |
|  |  | |
| **RECOMMENDATIONS/ NEXT STEPS**  Case Staffing/ Conference Call  Additional Services  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **DSP Recommendations/ Rationale: DSP Recommendations/ Rationale:** | | |
| **NOTIFICATIONS:** | |  |
| CSU Contact: CSU Contact: | | Date/ Time: |
| RSC Agency: RSC Agency: | | Date/ Time: |
| Contact/ Agency: Contact/ Agency: | | Date/ Time: |
| Contact/ Agency: Contact/ Agency: | | Date/ Time: |
| **DSP INFORMATION** | |  |
| Completed by: Completed by: | | Date/ Time: |
| E-mail E-mail | | Phone |